

NASA Foreign Visitor Information Sheet
For
International Laser Ranging Workshop GGAO Facility Tour
October 9, 2002

Dear Sir/Madam:

In order to facilitate your planned/requested participation in the GGAO Facility Tour on October 9, 2002, please provide the information on the attached sheet no later than **Friday, August 23, 2002**. This information should be faxed to Kathy Regul at 301-345-4659, Westover Consultants for Carey Noll and John Degnan, NASA Goddard Space Flight Center.

REMINDER:

ALL foreign visitors must complete the Foreign Visitor Information Sheet (http://cddisa.gsfc.nasa.gov/lw13/foreign_visitor.pdf) and fax a copy of your visa and/or passport with photo. If you are a foreign visitor and are a citizen from a country that appears on the Designated Area List of Countries (http://cddisa.gsfc.nasa.gov/lw13/designated_countries.html) we ask that you also fax a brief bio or resume. If you are a foreign visitor, and you are a citizen of any country not listed in the Designated Area List of Countries, you do not need to fax a copy of your bio/resume.

This information should be faxed to Kathy Regul at 301-345-4659, Westover Consultants for Carey Noll and John Degnan, NASA Goddard Space Flight Center.

Thank you in advance for your cooperation.

**NASA Foreign Visitor Information Sheet for the
International Laser Ranging Workshop GGAO Facility Tour
October 9, 2002**

(Please TYPE OR PRINT)

First Name: _____
Middle Name or Initial or NMI (No Middle Initial): _____
Last (or Family) Name: _____
U.S. Social Security Number (if applicable): _____
Are you a Permanent Resident Alien (Greencard Holder): No ____ Yes ____
If Yes, Number: _____
Date Issued (mm/dd/yyyy): _____
Expiration Date (mm/dd/yyyy): _____

Country of Citizenship: _____

Date of Birth: Month _____ Day _____ Year _____

Country of Birth: _____ City of Birth: _____

Permanent Home Address: _____

NASA Installation to be visited: Goddard Geophysical and Astronomical Observatory (GGAO)

NASA Point of Contact: Carey E. Noll, Code 922, NASA GSFC, Greenbelt, MD 20771

Planned dates of visit (inclusive): October 09, 2002

Affiliation or Employer:

Institution or Company Name: _____
Street Address: _____
City: _____
State/Country: _____
Zip Code: _____
Title or Position and Duties: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

U.S. Visa Information:

U.S. Visa Type (e.g.; B-1/B-2, H-1B, J-1, F-1, etc): _____

Visa Expiration Date (mm/dd/yyyy): _____

If J-1, name of U.S. Program Sponsor (attach IAP-66): _____

Passport Information:

Country of Issue: _____

Passport Number: _____

Passport Expiration Date (mm/dd/yyyy): _____